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AUTHOR Gilewski, Michael J.; And Others
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ABSTRACT

Bereavement and depression are two clinical problems which are prevalent in elderly persons and which may coincide in older adults. This study was conducted to examine how depression interacts with bereavement status. Data were obtained from 393 adults over the age of 55 who participated at four times of measurement (within 1 month of their spouse's death, and at 6 months, 1 year, and 2 years after their spouse's death) in a study of adaptation to bereavement in the elderly. Subjects were divided into groups based on their bereavement status (spouse survivors of natural deaths, suicides, and non-bereaved controls) and level of depression as measured by the Beck Depression Inventory at Time 1. The results indicated that bereavement status and initial level of depression clearly interacted in successful adaptation to the bereavement process. The elderly survivors of suicide who had moderate to severe depression were the most depressed of any group initially and had the most complications with bereavement over all. Across time, their symptoms decreased in the first 6 months, but relapsed, and sometimes to greater than the initial level, at year 2. The findings suggest that elderly persons with significant clinical depression at the time of a spouse's death are at significant risk for psychological complications during the bereavement process, and that elderly survivors of a spouse's suicide are even more at risk within this depressed group. (Author/NB)

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Depression and Bereavement in the Elderly

Michael J. Gilewski

Veterans Administration Outpatient Clinic, Los Angeles

Norman L. Farberow

Los Angeles Suicide Prevention Center

and

Dolores E. Gallagher & Larry W. Thompson

Veterans Administration Medical Center, Palo Alto, CA

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DEPRESSION AND BEREAVEMENT IN THE ELDERLY. M.J. Gilewski, N.L. Farberow, D.E. Gallagher, L.W. Thompson. VAOPC, 425 S Hill St, LA, CA 90013

This study examined the interaction between initial levels of depression and bereavement status on psychiatric symptomatology over two years post death of the spouse. 393 elderly adults aged 55+ were divided into groups based on their bereavement status [spouse survivors of natural deaths (NAT), spouse survivors of suicides (SUI), and non-bereaved controls (CON)] and level of depression from the Beck Depression Inventory scores at Time 1 [0-10 (None), 11-16 (Mild), 17+ (Mod-Sev)]. MANCOVAs covarying for demographic variables were conducted for Brief Symptom Inventory scores at 4 times of measurement--immediately post death, at 6 mos post, and at 1 and 2 yrs post. Significant Ber Group x Dep Group effects were found between subjects and within subjects (x Time) for linear and quadratic polynomials. The SUI/Mod-Sev group had the most complications with bereavement over all. Across time, their symptoms decreased in the first six months, but relapsed, and sometimes to greater than the initial level, at Year 2. Results indicated that elderly persons with significant clinical depression at the the time of a spouse's death are at significant risk for psychological complications during the bereavement process, and elderly suicide survivors are even more at risk within this depressed group.

DEPRESSION AND BEREAVEMENT IN THE ELDERLY. M. J. Gilewski, N. L. Farberow, D. E. Gallagher, & L. W. Thompson.

SUMMARY

Bereavement and depression are related symptomatically and diagnostically. Depressive symptoms have be observed as prevalent as 65% in elderly samples (Epstein, 1976), although actual diagnosed cases of clinical depression are considerably lower and perhaps underestimated (LaRue, Dessonville, & Jarvik, 1985). Bereavement is also a considerable problem in the elderly. LaRue et al. (1985) cite data that 51.0% of women and 13.6% of men over age 65 have been widowed at least once. The two clinical problems can also coincide in elderly adults. Clayton, Halikas and Maurice (1972), for instance, observed 33% of their widows as clinically depressed one month after the spouse's death. Although depression and bereavement are symptomatically related and can occur together, Gallagher and her colleagues (Gallagher, Breckenridge, Thompson, Dessonville, & Amaral, 1982) concluded the two are different problems with qualitatively different symptoms. Studies of elderly suicide survivors indicate that they may have even more difficulty than survivors of natural deaths with adaptation to bereavement (e.g., Silverman, 1972). The aim of the present study is to show how depression interacts with bereavement status.

Method. Data from 393 adults aged 55+ (M = 67.55; SD = 8.39) who participated at all four times of measurement (within 1 mo of spouse's death, 6 mos post, 1 yr post and 2 yrs post) in a study of adaptation to bereavement in the elderly (cf. Farberow, Gallagher, Gilewski, & Thompson, 1987; Gallagher, Breckenridge, Thompson, & Peterson, 1983 for details of sample and procedures).

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Subjects were selected following the natural death of a spouse (NAT group; N = 188), the suicide of a spouse (SUI group; N = 77), or as non-bereaved controls (CON group; N = 128). The latter group responded to interview questions about a previous loss, usually the death of a significant other in the past.

In addition to an interview and other self-report instruments, all subjects completed a Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erlbaugh, 1961) and Brief Symptom Inventory (BSI; Derogatis, 1977) at all four times of measurement. The BSI was modified to include 10 symptoms such as "nightmares" that were thought to tap bereavement. These items were administered after the 53 items of the BSI proper. Subjects were further categorized based on their responses to the BDI at Time 1: no depression (None group; BDI scores 0-10; N = 280), mild depression (Mild group; BDI scores 11-16; N = 72), and moderate or greater depression (Mod-Sev group; BDI scores 17+; N = 41). Data were analyzed in MANCOVAs across the BSI scales covarying for group differences in background characteristics (cf. Farberow et al., 1987 for description of covariates). Within-subjects effects were analyzed separately as linear, quadratic and cubic trends, which are independent of one another. Because of the number of results, we will report significance of all multivariate effects but will only discuss the bereavement group (Ber Group: BER - SUI - CON) by depression group (Dep Group: None - Mild - Mod-Sev) interactions.

Results. Results of the MANCOVAs are given in Table 1. Significant Ber Group x Dep Group interactions were all significant except for the cubic trend. Table 2 summarizes the significant univariate Ber Group x Dep Group interactions. All BSI scales had at least a nonsignificant trend in one of the analyses, but depression, hostility and phobic anxiety were clearly the most critical variables in their relationship to bereavement and depression. Table 3

symbolically presents the sources of significant effects as determined by Newman-Keuls post-hoc tests. Clearly, level of depression contributes toward the interactions. In the None group, there are no Ber Group differences or changes over time. The greatest group differences, usually between both bereaved groups and the controls, are generally in the Mod-Sev Dep Group. For the SUI group in the Mod-Sev depression category, they show the greatest linear change in depression over time--a decrease of almost 1.3 BSI scale points to about the mean where the Mild group started at Time 1. This group also had the largest quadratic effects. For phobic anxiety and bereavement, the SUI/Mod-Sev group decreased in symptoms over the first 6 months, but was back at initial bereavement levels 2 years post death. For hostility and paranoia, this same group decreased again between Times 1 and 2, but was back at Time 1 levels by Time 3 (one year post death) and surpassed initial levels of these symptoms at Time 4. Mean hostility increased from .63 to 1.35 and paranoia increased from 1.14 to 1.65.

Discussion. The results indicate bereavement status and initial level of depression clearly interact in successful psychological adaptation to the bereavement process. Of the participants in this study, 28.7% initially scored in the depressed range on the BDI, 36% of these in the moderate to severe range. This latter group appeared to be particularly at risk for problems, especially if they were also in bereavement. The elderly suicide survivors in the Mod-Sev category were the most depressed of any group initially (BDI $\underline{M}$ = 29.00). By Time 4 (2 years post death of the spouse), their BDI scores had dropped to a mean of 10.50, but they continued to manifest considerable bereavement, hostility, phobic anxiety and paranoia relative to other groups. Because we do not have mental health data on these individuals prior to the death of the spouse, we cannot say

whether these individuals had psychological problems even before the death or were just overwhelmed by the loss, either of which could have impaired their ability to cope and adjust to the loss. The decrease in symptoms in the first six months may indicate that these seniors pulled themselves together temporarily to take care of the logistics necessary during that time, but let go again emotionally. Also because we do not have data after 2 years, we do not know if these individuals would eventually have adapted, only requiring considerably more time to work through their grief than other bereaved elderly.

Regardless of the cause of the phenomena, the study has some direct clinical implications for work with bereaved elderly. Measurement of depression at time of the spouse's death irrespective of the type of death may be helpful to isolate individuals at risk for a more difficult adaptation to the bereavement process. Many of these individuals do cope, especially as the depression lifts. However, elderly individuals who survive the suicide of a spouse may need special help and assistance. We plan in future analyses to examine coping mechanisms, use of social support and amount of stress in these high risk individuals, especially as these factors index successful bereavement.

Key Words: **Grief/Bereavement - Depression - Suicide - Mental Health—Dysfunction - Widowhood**

Table 1

MANCOVA Results Across All BSI Scales

Effect	df	F	p <
Between Subjects			
Ber Group (B)	20,742	6.32	.000
Dep Group (D)	20,742	11.77	.000
B x D	40,1409	1.94	.000
Covariates	40,1409	2.28	.000
Within Subjects - Linear Trend			
Time (T)	10,256	9.96	.000
B x T	20,512	4.10	.000
D x T	20,512	3.65	.000
B x D x T	40,973	1.47	.032
Within Subjects - Quadratic Trend			
Time	10,229	5.10	.000
B x T	20,458	5.03	.000
D x T	20,458	2.95	.000
B x D x T	40,870	3.00	.000
Within Subjects - Cubic Trend			
Time	10,229	5.98	.000
B x T	20,458	1.45	.093 (NS)
D x T	20,458	2.97	.000
B x D x T	40,870	<1	NS

Note. The F and df for the multivariate test is based on the Wilk's Lambda criterion.

Table 2

Significant Univariate Bereavement x Depression Group Interactions

BSI Scale	Between S's	Within-Linear	Within-Quadratic
Somatization			$F=2.11$, $p<.081$(NS)
Obsessive-Compulsive		$F=2.42$, $p<.049$	
Interpers. Sensitivity	$F=2.44$, $p<.046$		
Depression	$F=2.23$. $p<.066$(NS)	$F=3.56$, $p<.008$	
Anxiety			$F=2.34$. $p<.056$(NS)
Hostility	$F=2.50$, $p<.042$	$F=3.55$, $p<.008$	$F=2.63$, $p<.035$
Phobic Anxiety	$F=2.71$, $p<.030$	$F=2.49$, $p<.044$	$F=4.78$, $p<.001$
Paranoid Ideation			$F=4.07$, $p<.003$
Psychoticism			$F=2.17$, $p<.073$(NS)
Bereavement			$F=2.36$, $p<.054$

df: Between Subjects = 4,380
Within Subjects-Linear = 4,265
Within Subjects-Quadratic = 4,238

Table 3

Sources of Bereavement x Depression Group Interactions

BSI Scale	Between S's	Within-Linear	Within-Quadratic
Somatization			
Obsessive-Compulsive		MS: (S=N)<C	
Interpers. Sensitivity	MS: (N=S)<C		
Depression		M: (S=N)<C MS: S<N<C	
Anxiety			
Hostility	M,MS: (S=N)<C; diff incr w dep	M: (N=S)<C MS: (N=C)<S	M:S: T1-2-3\4 MS:S: T1\2/3/4
Phobic Anxiety	MS: (N=S)<C	M: (N=S)<C	MS:N: T1/2\3-4 S: T1\2/3/4 C: T1\2-3/4
Paranoid Ideation			MS:S: T1\2/3/4
Psychoticism			
Bereavement			MS:S: T1\2-3/4

Abbreviations: Depression Group (No=None; M=Mild; MS=Mod-Sev)
Bereavement Group (N=NAT; S=SUI; C=CON)
Quadratic Trend - Directions of change across time (- = no change; \ = decrease; / = increase)

Note. For the within subjects-linear trend, lower scores indicate greater decreases between Time 1 and Time 4.

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